



THE CONNECTION

NEWSLETTER

LINKING HEALTH AGENCIES AND COMMUNITY ORGANIZATIONS THAT
WORK WITH MINORITIES IN UTAH

March 2007 Issue #9

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THE KAISER FAMILY FOUNDATION'S UPDATED VERSION OF KEY FACTS: RACE, ETHNICITY AND MEDICAL CARE, 2007

This update of *Key Facts: Race, Ethnicity, and Medical Care*, like its predecessors, is intended to serve as a quick reference source on the health, health insurance coverage, access and quality of health care of racial and ethnic groups in the United States. The document highlights some of the best available data and research in these areas.

Since the first edition of *Key Facts* in 1999, the issue of racial/ethnic disparities in health care has received a significant level of attention. The Institute of Medicine released *Unequal Treatment* in 2002 summarizing the research to date on racial and ethnic disparities in health care and offering guidance as to what questions remained unanswered and what information was needed to answer those questions. The Agency for Healthcare Research and Quality (AHRQ) released the first *National Healthcare Disparities Report (NHDR)* in 2003. The report, which is issued annually by AHRQ, provides a comprehensive review of disparities in health care among racial, ethnic, and socioeconomic groups in the United States.

As more information has become available on health care disparities, the focus of research has turned from documenting disparities to trying to understand their causes and developing interventions to alleviate them. This is not to say that documentation of the problem is no longer needed. Data are still limited for some racial and ethnic subgroups, and for individuals who self-identify with more than one racial group. As such, information that documents health care disparities is important to understanding where progress has been made and the challenges that remain.

This version of *Key Facts*, where possible, highlights data that show whether health care disparities are narrowing, widening, or persisting for specific racial/ethnic groups and presents newly collected data for people who identify with more than one racial group. *Key Facts* is divided into six sections:

- Section 1 begins with an overview of the demographic characteristics of the U.S. population.
- Section 2 presents health measures, stratified when possible by a measure of socioeconomic status.
- Section 3 profiles patterns of health insurance coverage.
- Section 4 offers a picture of the data as they relate to preventive and primary care.
- Section 5 focuses on three medical conditions: diabetes, HIV/AIDS, and asthma.
- Finally, Section 6 presents findings from the 2005 NHDR that are useful in tracking national changes in health care disparities over time.

To access the report visit <http://www.kff.org/minorityhealth/6069.cfm>

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STATE RESOURCES FOR RACIAL/ETHNIC MINORITIES AND UNDERSERVED POPULATIONS :

The purpose of this section is to increase the health professionals and the community knowledge about the different offices, programs, committees, and networks available in the State of Utah to serve racial/ethnic minorities and underserved populations.

FAMILY DENTAL PLAN CLINICS

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There are, among low-income children and adults throughout Utah, a significant number of individuals with unmet dental needs. Low-income people have higher rates of untreated oral health problems than moderate or high-income people. Low-income families are frequently uninsured or underinsured for dental care without discretionary funds to pay for care, thus creating an insurmountable barrier to accessing oral health care.

In Utah, this translates to over 1.6 million work hours and 500,000 school hours lost each year due to dental related illness. Poor oral health may impair the ability of low-income adults to find work or perform in their jobs. Furthermore, for more than one in four children, the trip to the emergency room is their first "dental visit".

The Utah Department of Health (UDOH) Family Dental Plan operates six clinics across the state. Paid staff and volunteers treat clients enrolled in several public assistance programs, including Medicaid, the Children's Health Insurance Plan (CHIP) and the Primary Care Network (PCN).

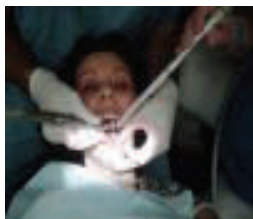
The most common services provided at the clinic are checkups, x-rays, and cleanings, as well as fluoride treatments, sealants, fillings, root canals, extractions and dentures. Staff also performs hundreds of dental screenings for children in Head Start programs.

"In years past, many of the clients who came to us already had extensive decay," said Dentist Dean Troili, D.D.S. "Today, since we focus so heavily on prevention, we're able to keep more of our child and adult patients from developing severe oral health problems - the kind of problems that lead to surgery, extractions and other extreme treatments," he said.

The Family Dental Plan also operates a mobile clinic in harder-to-reach rural areas of the state. Some of the sites served in 2006 included Ibapah, Enterprise, Eureka, Blanding and Junction/Circleville. Providers used the mobile clinic to reach many children in migrant Head Start programs.

The states' six Family Dental Plan clinics are in: Ogden (this clinic has recently moved to bigger offices and expanded its staff), Layton, Provo, Salt Lake City, St. George and West Valley City.

For more information on all Family Dental Plan clinics, call Bruce Murray at 801-538-7017 or 801-232-2386.



VOLUNTEER OPPORTUNITIES FOR DENTISTS AND DENTAL HYGIENISTS

Opportunities for dentists and dental hygienists to volunteer time and services in order to address this critical issue are available throughout the state. Following are descriptions of volunteer opportunities and contact information.

Salt Lake County

Salt Lake Donated Dental Services (SLDDS)

Contact: Gwen Jefferies, Clinic Manager (801) 983-0349

SLDDS operates a clinic staffed by volunteer dentists and paid dental assistants. Preventive and restorative services are provided to people who are homeless, who are enrolled in public insurance programs or who have an income less than the Federal poverty level. Dentists typically volunteer six half-days a year. The clinic is located at 415 West 400 South in Salt Lake City.

Inner-City Project Dental Storehouse

Contact: Dr. Richard Ellis, Co-Director (801) 278-3954

The Inner-City Project is a network of volunteer dentists who provide charitable care to low-income patients in their own offices. Patients are prescreened for income eligibility and are referred to dentists by service missionaries from the Salt Lake inner city area and by case managers at the Health Access Project. Typically, dentists pledge to see three patients a year.

Dental Screenings and Sealant Clinics

Contact: Kathy Baebler, Salt Lake Valley Health Department (801)468-2794

Through the year, volunteer dentists and dental hygienists are needed to participate in one-day dental screening and sealant clinics in Title I elementary schools and to conduct dental examinations in Head Start Programs.

Give Kids A Smile Campaign

Contact: Dr. Eric Larsen, Utah Dental Association, (801) 947-9111

Through the Give Kids a Smile Program, dentists donate vouchers for charitable care that are distributed to low-income uninsured children. The patients' families redeem these vouchers by making appointments directly with the dentists' offices.

Utah County

Community Health Connect

Contact: Garn Schumann, Volunteer Network Coordinator, (801) 818-3011

Utah County dentists provide oral health preventive and treatment care services to low-income dentally uninsured children and adults. Services are provided in the dentist's office and Community Health Connect assists with the administrative duties of prescreening for eligibility, enrollment, dental history and travel if necessary.

Tooele County

Tooele County Healthy Smiles Clinic

Contact: Tricia Fuhrman, (435) 843-2309

Tooele County Healthy Smiles clinic, is staffed by volunteer dentists and assistants. Dentists typically volunteer four hours a month in the clinic with their assistants. Basic preventive, restorative and relief of pain services are provided to people who are on Medicaid or meet Federal poverty level guidelines. The clinic is located at 394 South. Main St. in Tooele.

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Washington County

The Doctors' Free Clinic of St. George

Contact: DeeAnne Staheli, Clinic Coordinator (435) 656-0022

Washington County volunteer dentists and dental hygienists volunteer on weekday mornings to provide emergency oral health care services for children and adults enrolled in Medicaid or who are at or below 150% of federal poverty level and without dental insurance. The clinic is located at 1036 East Riverside Drive in St. George.

Weber County

Health Access Team

Contact: April Boyer, Volunteer Coordinator (801) 395-8209

The Health Access Team connects the uninsured, underinsured population of Ogden with Dental, Medical and Mental Health care services. The Health Access Team is currently recruiting dentists, asking them to see one to three patients a month in their own office during their regular work day.

Courtesy of the UDOH-Oral Health Program

UTAH DEPARTMENT OF HEALTH EXECUTIVE DIRECTOR TO SERVE ON STATE ALLIANCE FOR E-HEALTHY

Dr. David N. Sundwall, Executive Director of the Utah Department of Health (UDOH), has been appointed to serve on the newly-created National Governor's Association (NGA)-sponsored "State Alliance for e-Health."

The Alliance will serve as the central voice for state-level health information technology (IT) issues and address challenges and opportunities states face with regard to interoperable exchange of electronic health information. The State Alliance for e-Health also offers an unprecedented opportunity for states to advance the creation of a nationwide network for health information exchange.

"This appointment reflects Utah's reputation as a national leader in electronic health data reporting and management," Sundwall said. "I look forward to sharing with other states the progress Utah has made in e-Health and bring back opportunities for advances here at home."

The group will meet quarterly to address state-level health IT issues, including barriers to interoperability, privacy and security issues, and state law and regulatory barriers to health IT related to the practice of medicine.

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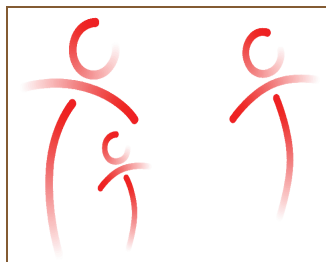
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NEW LEADERSHIP INITIATIVE TO ADVANCE AND SUSTAIN CULTURAL AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS) FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS

There is a need for leaders with the commitment, energy, knowledge, and skills to do the difficult work of advancing and sustaining cultural and linguistic services in systems organizations, and programs that develop policy, conduct research, work, and/or advocate with and on behalf of children and youth with special health care needs and their families. It is important that leaders, who are willing and able to step out in the forefront of this complex set of issues, have opportunities to increase their confidence and expertise, to share with and learn from other leaders, and to get the support they need in taking on this often challenging role.

The National Center for Cultural Competence (NCCC)/ Center for Child and Human Development at Georgetown University is convening a community of learners for leadership in cultural and linguistic competence comprised of a small group (15) of self-identified leaders. The group will be invited to an initial meeting in Washington, DC on May 10 - 11, 2007 to learn, share, and identify opportunities and challenges for advancing their leadership roles. The NCCC will then continue the process of connecting the community of learners through a series of teleconference calls and other forums.

Selection Criteria

Participants will be chosen from self-nominated applicants who should be able to demonstrate the following:

Past experiences in promoting and implementing cultural and linguistic competence in policy, advocacy, research, and services and supports for children and youth with special health care needs and their families.

Dedicated time to participate in the meeting and ongoing community of learners activities.

Ways in which applicants are leading efforts at the systems, policy, administrative, practice/service delivery, family/consumer or community levels to promote and advance cultural and linguistic competence.

Responsibilities for workgroup members:

Completion of pre-meeting preparation assignments

Participation in the full meeting

Active and consistent participation in community of learners calls and electronic communication activities for at least one year

Provision of information to help the NCCC document and understand your personal and collective journeys to lead efforts that advance and sustain cultural and linguistic competence.

Please submit the **attached form** and **requested letter** to the NCCC by **March 9, 2007** to cultural@georgetown.edu or FAX: 202-687-8899, attention of Elira Coja.

Please contact Wendy Jones with any questions at 800-788-2066 or joneswa@georgetown.edu

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TRANSLATION:

Rewriting writing materials in another language.

INTERPRETATION:

Verbally repeating what someone said in another language.

PREVENTING HEALTH CARE FROM GETTING "LOST IN INTERPRETATION"

He ended up quadriplegic... because something was lost in interpretation.

The patient came to the emergency room complaining about feeling sick to his stomach, but was treated for drug abuse due to the misinterpretation of a single word. This led to the patient's delayed care, preventable quadriplegia and a \$71 million malpractice settlement. The delay in treatment resulted in rupture of a brain aneurysm.

An ad hoc interpreter told the mother of a seven-year old girl to put an oral antibiotic in the girl's ear to treat her middle ear infection.

A resident physician who interpreted a Spanish speaking mother's explanation that her daughter had "hit herself" when she fell off her tricycle assumed the fracture had resulted from abuse, and called the social services department who had the mother sign over custody of her two children.

These are just three of the many stories Dr. Glenn Flores, an expert on the issue of multicultural health care communication in the U.S., encountered in his research for an article published in the *New England Journal of Medicine*.

"No American should suffer from medical mistakes, preventable hospitalizations, and substandard medical care just because he or she doesn't speak English," says Dr. Flores, professor of pediatrics, epidemiology and health policy at the Medical College of Wisconsin, and director of the Center for Advancement of Underserved Children at the Medical College and Children's Hospital of Wisconsin.

Dr. Flores' article highlights the many deleterious and sometimes tragic effects of language barriers on health and health care for these patients and emphasizes that the lack of effective communication also contributes to the high cost of healthcare.

The language barrier negatively impacts health care for many of the 50 million (19%) U.S. residents who do not speak English at home and the 22 million (8%) with limited English proficiency, according to U.S. Census data.

Since interpretation for LEP patients is mandatory based on Title VI of the Civil Rights Act, health care centers and medical providers have solved this problem in many different ways and video medical interpretation is one of the most innovative techniques. (See next article)

Source: Federal Office of Minority Health

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TARGETING HEALTH DISPARITIES THROUGH COMMUNICATION: VIDEO MEDICAL INTERPRETATION (VMI) PROJECT

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The Office of Minority Health (OMH) has played a pioneering role in the development of VMI. A \$765,000 grant from OMH to the Alameda County Medical Center (ACMC) funded both a pilot program in telemedicine and the first stages of a project to provide interpretation services via video conferencing. Currently, VMI is offered in all ACMC clinics. The initial success led to expansion of the video conferencing medical interpretation program thanks to grants, from other sources, including the California Endowment.

Russell, from ACMC, says that OMH played a key role in initiating development of this project and she estimates that the amount granted by OMH has covered about 30% of the costs associated with the implementation of VMI services in the Alameda County's health network.

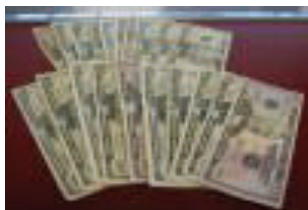
Russell adds that "before video interpretation was available, the ACMC interpreters were tied up longer with each patient, and could not interpret for each and every visit." Language is more than words, and we all can relate to the image of someone pointing to some part of her body to indicate where the pain is or how the pains travels down a leg. So, Russell emphasizes the benefit of the video interpretation system that allows the interpreter to actually see the gestures a patient uses to express his symptoms... saving the money and time of traveling from site to site.

In essence, Russell concludes, the availability of the VMI system allows for a faster service to the patient and a shorter visit; more accurate diagnosis and treatment in a cost effective way; and lower costs and multiplied benefits to entire health care networks by sharing interpretation resources.

San Joaquin Hospital and San Mateo Medical Center are two of the California hospitals that have implemented the VMI based partially on the ACMC project. Video Medical Interpretation is also used these days in other states. The Central Nebraska Area Health Education Center promotes the use of VMI through its website, informing of its availability in at least four hospitals in the area.

For more information about the Video Medical Interpretation Project visit:

<http://health-access.org/videomedint.htm>



GRANT OPPORTUNITIES (I)

TAKE ACTION: HEALTHY PEOPLE, PLACES, AND PRACTICES IN COMMUNITIES PROJECT**BACKGROUND**

Through the Take Action: Healthy People, Places, and Practices in Communities Project, the U.S. Office of Disease Prevention and Health Promotion (ODPHP) and the Regional Health Administrators (RHAs) are seeking community-based groups to develop, carry out, and evaluate a unique set of activities in local settings that support the President's HealthierUS initiative to promote and sustain healthy lifestyles in communities.

FUNDING INFORMATION

- Up to 270 projects will be funded. Recipients will be geographically diverse, and projects will represent a variety of HealthierUS-relevant activities.
 - Only one proposal per organization will be considered for funding.
 - Projects will cover the period July 1, 2007 to June 30, 2008.
 - This is a one-time funding opportunity.
- Each project budget will range from \$2,000-\$5,000 for the project period.

WHO CAN APPLY

Not-for-profit, community-based organizations, including faith-based groups, after-school programs, coalitions and others can apply for these funds. Preference will be given to small organizations with budgets less than \$750,000. Projects that focus on eliminating health disparities are encouraged.

TYPES OF ACTIVITIES TO BE FUNDED

Proposed projects must include or promote at least one of the following types of activities:

- Physical activity
- Nutrition/healthy eating
- Preventive screenings
- Making healthy choices/avoiding risky behaviors

Examples of possible projects include:

- Walking programs for a neighborhood or workplace.
- School lunch programs that include locally grown, seasonal fruits and vegetables.
- Skin cancer detection programs.
- Smoking prevention programs for teens.

We will give preference to innovative projects that have the potential to be a catalyst for health improvement in the community. Please note that ongoing operations of an organization will not be funded through this project. Proposed activities should be those which can be sustained by non-federal support at the close of the funding period.

Proposals Due

March 30, 2007
by 5:00pm MST

Postmarks not accepted

Notification of Intent to Fund or Decline

June 1, 2007

Agree On Project Plan, Budget and Sign Contract

June 1- 28, 2007

Funds disbursed

June 29, 2007

Completion of Funded Project Activities

June 30, 2008

Proposal forms and additional information are available at

<http://www.osophs.dhhs.gov>

For help with the proposal:

e-mail: answers@jsi.com

or phone: 1-866-224-3815

For more grant opportunities visit the previous issues of **The Connection**

<http://www.health.utah.gov/cmh/news.html#newsletters>

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GRANT OPPORTUNITIES (II)

GRANT OPPORTUNITY FOR COALITIONS

The Executive Office of the President, Office of National Drug Control Policy (ONDCP), and the Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), announce the availability of funds for new FY 2007 Drug Free Communities Support Program (DFC) grants.

Applications are due by April 17, 2007 - five-year grants not to exceed \$100,000/annually.

www.samhsa.gov/Grants/2007/SP07001.aspx

Grant Opportunity For Jr. High – Age Youth (Due Wednesday, April 18, 2007)

The Office of Child Care in the Office of Work & Family Life, Department of Workforce Services requests grant proposals for Safe Passages, a project to create and expand after school programs for Jr. High and Middle school-age youth.

GOALS OF THE PROGRAM (1) Increase capacity to serve at-risk youth with healthy youth development programs after school. (2) Improve quality of programs. (3) Improve academic, and social outcomes for participating youth. (4) Form secure, stable relationships with caring adults. (5) Provide youth a program with prevention and intervention learning opportunities that are culturally and linguistically responsive to the needs of youth.

Who May Apply

Applicants must plan to operate programs June 1, 2007 through May 31, 2008. Grants may be renewed each year for two additional years, ending in June 30, 2010.

Applicants who want to provide regular, formally organized services for Jr. High and Middle school age youth, attending grades 7 and 8, after school or during summer school vacation time may apply. .

Proposals may be submitted to a) start a new program, b) continue a program that lacks sufficient funds to operate, or c) expand an existing program that will serve additional at-risk youth.

Organizations that operate programs at multiple locations/sites must apply separately for each location/site up to a maximum of three program sites.

Applicants must be able to meet a 100% matching requirement. For example, if a program requests \$12,000, it must provide \$12,000 in cash or in-kind donation. In-kind donations may include supplies, labor, space, equipment, and/or any other type of item that benefits the program's planned grant activity. *The cash or in-kind match may not include any federal funds provided under any authority.*

For-profit and non-profit organizations, school districts, and other public entities in Utah may apply. Grant funds may not be used to pay for rent. Programs must be open to all youth regardless of race, religion, gender, political ideology or physical ability. Programs that have a religious affiliation will be required to provide assurances that grant funds will not be used for religious instruction.

Applicants must demonstrate the capacity to ensure proper administration and accounting procedures.

Anyone interested in responding to this RFG may attend a bidder's meeting scheduled for:

Tuesday, March 6, 2007 from 10:30 AM to NOON

LOCATIONS:

Department of Workforce Services

140 E 300 S

Salt Lake City, in room 211B for a live meeting.

Department of Workforce Services- **Price**

Address: 475 W Price River Drive Ste 300, Price UT
for a teleconference meeting.

Department of Workforce Services- **Cedar City**

Address: 176 E 200 N Building B, Cedar City UT
for a teleconference meeting.

Safe Passages RFG Application is Available at: www.Jobs.Utah.Gov/OCC and look for New Grant Opportunity – Safe Passages. Questions & answers from the meeting will be posted on the web, with the RFG.

For more grant opportunities visit the previous issues of **The Connection**

<http://www.health.utah.gov/cmh/news.html#newsletters>



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BRIEF NEWS

Ten **Community Garden Projects** are being funded by the Dept. of Health through a grant from the National Governor's Association Healthy States Initiative.

On March 6 a press release will go out announcing the award recipients and referring the public to the www.health.utah.gov/obesity/fundedgardens website for project descriptions, contact information and more. The funded gardens are located in Salt Lake and Weber Counties.

The **Redes En Acción** E-Alert is a monthly e-mail communication focusing on timely information promoting Latino cancer research, training and awareness. They welcome any feedback, suggestions and items of interest. More information RedesEnAccion@uthscsa.edu

AVON FOUNDATION BREAST CARE FUND AWARDS GRANT FOR BREAST CANCER EDUCATIONAL PROGRAM TO ALLIANCE COMMUNITY SERVICES

The Avon Foundation Breast Care Fund has awarded a grant to Alliance Community Services for continuation of a program to increase awareness of the life saving benefits of early detection of breast cancer. The Latina Breast Cancer Education Program will educate Hispanic women and refer them to low cost or free mammograms and clinical breast exams. It will effectively complement the portfolio of health education programs Alliance currently offers, including their 'TRIUNFADORAS' Hispanic Breast Cancer Support Group.

"We are thrilled about this program, at Alliance we believe in implementing solutions," said Jorge J. Arce-Larreta, Founder and CEO of Alliance Community Services. "The work we do is in compliance with our mission to facilitate personal growth, promote self sufficiency and improve the quality of life in our community. We are proud that the Avon Foundation shares our mission and has chosen to support this program". For the past five years, the Latina Breast Cancer Project has reached more than 3,000 Hispanic women with information about the importance of early detection of breast cancer and has referred almost 2,000 women for mammograms and clinical breast exams.

To learn more about the Avon Foundation, call 1-866-505-AVON or visit www.avonfoundation.org where you can also access the free printable *Breast Health*.

Alliance Community Services a non profit (501-c-3) private organization in cooperation with Utah Arthritis Program will offer a free six week Arthritis Self-Help Course in Spanish.

The Arthritis Foundation Self-Help Program is a group education program developed for people with arthritis, fibromyalgia, or a related condition. It is designed to complement the care provided by your health-care team and allows you to share experiences with others.

The six-week classes, which are open to family members and friends, are developed to help you: manage pain, fatigue and stress, develop your own exercise program, use medication wisely, discuss the role of nutrition, form a partnership with your doctor

Past participants of the Arthritis Foundation Self-Help Program have experienced such benefits as: increased knowledge about their arthritis, increased self-confidence, decreased pain, decreased doctor visits

For more information please call Sara Carbajal at 597-1159 or call Alliance Community Services at 359-8922.

World Refugee Day is celebrated all over the world on June 22nd. If you, your families, your religious, educational or civic communities, and/or your friends, neighbors and co-workers might like to be involved in planning this year's event, the contact person is Irina Pierpont. She is great to work with! You can reach her at 526-9759, or ipierpont@utah.gov



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CONFERENCES AND EVENTS

Special Comunidades Unidas "Latina Breast Cancer" fundraising dance.

Date: Friday March 2, 2007

Location: Boys and Girls Club, 7631 South 425 West Midvale, 84123

Time: 6:00 pm to 11:00 pm

Purpose: To support Latino Community member participation in the Race for the Cure Event scheduled for May, 2007

Cost: \$10.00 per couple

Health Education Association of Utah (HEAU) 2007 Conference

Thursday, March 8 (8:00 am to 4:30 pm) Sal Lake Community College (9750 S 300 W, Sandy, UT)

Information: <http://www.heau.org/>

COMMUNITY OF PEACE CELEBRATION!

Saturday, March 10th 10 am to 4 pm Utah Cultural Celebration Center

1355 West 3100 South, West Valley City, UT 84119

Citizens and community leaders are invited to honor their personal commitment in making our county a Community of Peace. This celebration will include:

Awards for outstanding citizens who model Peace in Action...Presented by mayors of cities within the county
Public Outreach Information and Services

A Mini Job Fair for County jobs

Health screening and immunization services

Law enforcement - Q & A and Presentations- Interact with law enforcement in a way to promote peace.

On Display- Children's Cloth of Many Colors as well as photographs of the Peace Forum and Peace Garden.

For more information call: Noor Ul-Hasan, Chair, ulhasan_2@msn.com

For a Booth (\$25): Lise Tafuna 576-7874, ltafuna@utah.gov

Sponsored by: Salt Lake County Mayor Peter Corroon &

Salt Lake County's Council on Diversity Affairs (CODA)

NATIVE AMERICAN CULTURE: These are activities and programs that will help to keep Native American children connected to their culture and provide all with an opportunity to interact with NA culture. ALL are welcome!!!

POW WOW schedules: for detailed information, please go to the schools website.

March 2nd and 3rd - Utah State Pow Wow at Utah State in Logan

March 10th - Indian Walk-Center Pow Wow in Salt Lake

March 23rd and 24th - Brigham Young University in Provo

PROGRAMS: FYI

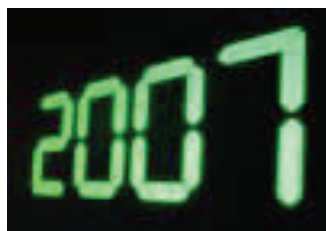
The Indian Walk-In Center on Wednesdays from 4:00 p.m. to 5:45 presents a **Navajo culture and language class**. Rose Jacobs is the instructor for this class - for more information contact the IWIC at 801-468-4877. All are welcome.

"The Little Feathers Group" is now open to all school districts along the Wasatch Front. They meet at West Lake Jr High School, 3400 South 3450 West, West Valley, UT. Gabriel Tinniginnie, is the instructor and can be reached at 801-230-8786, for more detailed information. This is open to children from K-12 and all tribes. Children learn to do crafts and learn the various dances we see at the pow wows. They also can practice at the pow wows.

For those not living within the Wasatch Front, please contact the Title VII Coordinator within your respective school district to see what activities and programs are available for Indian children.

American Indian/Alaskan Native Women and Girls

2nd National Women & Girls HIV Awareness Day Saturday March 10, 2007 3-5 pm at The Indian Walk-In Center



Race, Ethnicity and Medical Care

Family Dental Plan Clinics

Volunteer Opportunities for Dentist

State Alliance for E-Healthy

CLAS Services for Children

Lost in Interpretation

Video Medical Interpretation

Grant Opportunities (I)

Grant Opportunities (II)

Brief News

Conferences and Events (I)

Conferences and Events (II)

Conferences and Events (III)

CONFERENCES AND EVENTS

HISPANIC HEALTH CARE TASK FORCE SECOND ANNUAL CONFERENCE

"ELIMINATING HEALTH DISPARITIES AMONG THE UTAH HISPANIC POPULATION CONFERENCE
WORKING TOGETHER FOR SOLUTIONS" APRIL 20, 2007

The Second Annual Utah Hispanic Health Disparities Conference Working Together for Solutions to be held Friday April 20, 2007 at the Granite School District Office 2500 South State Street from 8:30 am to 2:00 pm. Continental breakfast and lunch will be provided. Cost for the conference is \$30 advance registration and \$35 at the door.

The conference will be a dialogue for action among Hispanics in the health field, elected state representatives, and decision makers in education and health delivery organizations in Utah. Three sessions will focus on Mental Health and Latinos, How to Use Effectively Health Data IBIS Computer Training and Health Legislation and Its Impact on the Hispanic/Latino Population.

The conference goals are:

- To develop effective and replicable quality-improvement strategies, models and resources in order to improve health care delivery for the Utah Hispanic population.
- To provide the strategies and models as resources to health providers and clinical agencies.
- To create open communication for continuing dialogue with policy makers and health providers about best practices regarding access to health care.

CEU credits for Medical Doctors, Nurses, and Social Workers may be available. For more information please call 359-8922 or 538-6491

Felina Ortiz, CNM, MSN
Chairperson
Hispanic Health Care Task Force
801. 419-6085

Western Region Epidemic Intelligence Service (EIS) Conference

March 13 & 14 at the University of Utah main campus.

The conference presents an excellent opportunity to learn about the EIS program and hear about the work that has been done recently by its participants; the training will provide an opportunity for public health staff to work together on updating and reviewing surveillance and investigation-related skills. We hope you (and your staff) will consider attending!

If you have any questions, please contact Juliana Grant at jsgrant@utah.gov or register on U-Train www.train.utah.org

Diversity in Action: The Local Impact of Globalization

24th Annual National MultiCultural Institute. Diversity Leadership Development Institute
April 26-29, 2007 Minneapolis, MN

NMCI Diversity Leadership Institutes bring together professionals from across the country and around the world in an intimate atmosphere to explore diversity and multiculturalism in both personal and professional contexts. NMCI Institutes offer:

A variety of workshops for professional development on diversity and training; Networking events; and Opportunities for dialogue on the critical issues of diversity and inclusion in our society.

Space is limited - register <http://nmci.org/conferences/register.htm>

ABOUT THE CMH

The Center for Multicultural Health (CMH) is the Utah office of minority health. It is part of the Utah Department of Health, Division of Community and Family Health Services.

Our mission is to promote accessible and high-quality programs and policies that help all racial and ethnic minorities in Utah achieve optimal health. We accomplish our mission by increasing public and health professional awareness of persistent race/ethnic disparities and by developing effective health policies and culturally competent programs that lead to better access and utilization of quality health care services in Utah.



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www.health.utah.gov/cmh

The Connection

Production Editor:
Dulce A. Díez

The Connection is published monthly

If you work for the Utah Department of Health, Local Health Departments, or Community Organizations, we would like to hear from you. Please submit feedback, suggestions, ideas, or articles to: ddiez@utah.gov

MORE CONFERENCES AND EVENTS

The 2007 Stroke Symposium will be held March 31, 2007 at the Radisson Hotel in Salt Lake City. Please see attached flier for details.

This is a great learning opportunity for anyone who deals with Stroke or wants to know more about stroke.

CHES credits available. For more information visit www.stroke2007.com

NHMA Annual Conference

The 11th Annual National Hispanic Medical Association Conference will be March 22-25, 2007 in San Antonio, Texas. Theme of the conference is *Celebrando Diversidad: Bi-Cultural Healthcare for Hispanics is a National Priority*. The event will feature numerous unique sessions and expert speakers on issues related to Hispanic health, with health leaders from across the nation and possibly Mexico. www.nhmamd.org

Minority Women's Health Summit

The 2007 Minority Women's Health Summit (*Women of Color: Addressing Disparities, Affirming Resilience, and Developing Strategies for Success*) is the third to address health disparities among women of color living in the United States. The Summit will be August 23-26 in Washington, DC. The goal is to focus on the often unrecognized threats to health experienced by women of color. www.womenshealth.gov/mwhs

AACR Annual Meeting

The American Association for Cancer Research 2007 Annual Meeting, scheduled April 14-18 in Los Angeles, Calif., will mark the 100th anniversary of the AACR. More than 15,000 participants from 60 countries are expected to gather to discuss over 6,000 abstracts and hear more than 250 invited presentations on discoveries in basic, clinical and translational cancer research.

Cancer Conference

Registration is open for the 2007 CDC Cancer Conference, scheduled August 13-16 in Atlanta, Ga. The conference theme of *Meeting Future Challenges* will be addressed by four days of presentations and discussions on key issues related to cancer prevention and early detection.

Deadline for abstracts: March 2
www.cdccancerconference.net

National Hispanic Medical Association

San Antonio, Texas – Mar. 22-25, 2007

"Celebrando Diversidad: Bicultural Health Care is a National Priority" – CME and CNE accredited. See <http://www.nhmamd.org> for registration and sponsorship opportunities.

Achieving Health Equity: Ensuring Access to Care

April 17-18, 2007

Kauffman Foundation Conference Center • 4801 Rockhill Road, Kansas City, MO. Register early - space is limited!

http://muconf.missouri.edu/health_equity

For more events visit our calendar
<http://my.calendars.net/multicultural>

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